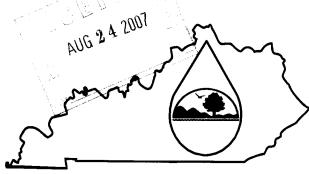
KPDES FORM 1

AE2973



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

			A OF					
This is an application to: (check	one)	A complete applic	cation consists of this form and one of					
Apply for a new permit.		following:	a de la companya de l					
Apply for reissuance of ex	piring permit.	Form A, Form B, Form C, Form F, or Short Form C						
Apply for a construction p	ermit.	A complete application consists of this form and one of the following: Form A, Form B, Form C, Form F, or Short Form F, or additional information contact: KPDES Branch (502) 564-3410 AGENCY AGEN						
Modify an existing permit. Give reason for modificati	Ion under Items II A	For additional in	formation contact:					
Give reason for modificati	ion under item II.A.	KPDES Branch ((502) 564-3410					
I. FACILITY LOCATION AN	D CONTACT INFORMATION	USE	101014101419151					
A. Name of business, municipality, com								
Czar Coal Corporation B. Facility Name and Location		C Facility Over	Addition Addition					
Facility Location Name:		Owner Name:	ner/Mailing Address					
		Owner Ivanic.						
Czar Coal Corporation Refuse Fill No. 2		Czar Coal Corporat	tion					
Facility Location Address (i.e. street, roa	id, etc.):	Mailing Street:						
Scaffold Lick Branch		HC 66, Box 915						
Facility Location City, State, Zip Code:		Mailing City, State,	, Zip Code:					
Davella, KY 41214		Debord, KY 41214						
		Telephone Number: 606-789-7655	:					
A. Provide a brief description of existing sediment control po	of activities, products, etc: Project	includes the addition e is currently permi	n of Dry Refuse Fill No. 2 which will utilize an itted under KYG040138 & KYG041820.					
B. Standard Industrial Classifica	tion (SIC) Code and Description							
Principal SIC Code &	Son (510) Code and Description							
Description:	1221 - Coal preparation							
04 010 0 1								
Other SIC Codes:								
III. FACILITY LOCATION								
	vey 7 ½ minute quadrangle map for	the cite (See instr	votions)					
B. County where facility is locat			y is located (if applicable):					
Martin	cu.	N/A	y is located (if applicable).					
C. Body of water receiving disch	narge:							
Scaffold Lick Branch of Middle								
D. Facility Site Latitude (degrees	s, minutes, seconds):	Facility Site Long	itude (degrees, minutes, seconds):					
37-44-59		82-37-30						
E. Method used to obtain latitude		Topographic map						
F. Facility Dun and Bradstreet N	umber (DUNS #) (if applicable):							

IV. OWNER/OPERATOR INFORMA	TION		
A. Type of Ownership: Publicly Owned Privately Ov	vned State Owned [Both Public and Pri	vate Owned Federally owned
B. Operator Contact Information (See in	structions)		
Name of Treatment Plant Operator:		Telephone Number: 606-789-7655	
Czar Coal Corporation Operator Mailing Address (Street):		000-789-7033	
HC 66, Box 915			
Operator Mailing Address (City, State, Zip Code):			
Debord, KY 41214			
Is the operator also the owner?			If yes, list certification class and number below.
Yes No		Yes No	×
Certification Class:		Certification Number:	

V. EXISTING ENVIRONMENTAL P	ERMITS		
Current NPDES Number:	Issue Date of Current Per	mit:	Expiration Date of Current Permit:
KY0040495	02/20/06		100,01,11
Number of Times Permit Reissued:	02/20/06 Date of Original Permit Is	scriance.	03/31/11 Sludge Disposal Permit Number:
The state of the s	Dute of Original Permit is	ssumee.	Studge Disposal Fertilit Number.
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permi	t Number(s):	
	000 0000		
	880-8002		
C. Which of the following additional env	ironmental permit/registra	ation categories will a	so apply to this facility?
			PERMIT NEEDED WITH
CATEGORY	EXISTING PE	RMIT WITH NO.	PLANNED APPLICATION DATE
Air Emission Source	S-06-347		
Solid or Special Waste			
Hazardous Waste - Registration or Permi	t		
VI. DISCHARGE MONITORING RE	PORTS (DMPs)		
		vision of Water on a	regular schedule (as defined by the KPDES
nermit) The information in this section s	submit Diviks to the Div	vision of water on a	fice or individual you designate as responsible
for submitting DMR forms to the Division	n of Water.	my the department, of	nice of individual you designate as responsible
A. Name of department, office or official	submitting DMRs:	Paul Horn	
		*·	
B. Address where DMR forms are to be s	ent. (Complete only if ad	dress is different from	mailing address in Section I.)
DMR Mailing Name:	Czar Coal Corporation	<u> </u>	
DMR Mailing Street:	HC 66, Box 915		
DMR Mailing City, State, Zip Code:	Debord, KY 41214		
DMR Official Telephone Number:	606-789-7655		
	1 000 707 7000		

1	71	T		DD	T T	C	'n	714	1	I IFI	T	IN	\sim	FE	E
٦	/ 1	1.	А	rr	LI	L P	١ı	и	,,,,		L	יצונו	(v	HH.	н,

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

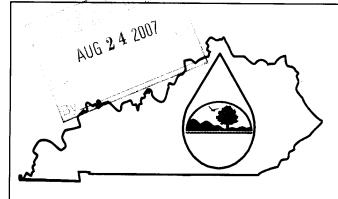
Facility Fee Category:	Filing Fee Enclosed:
Major Industry	\$0.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

tal Han	7/30/2007
SIGNATURE	DATE:
Paul Horn, P.O.A.	606-789-7655
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Preparation Plant	County: Martin	
I. OUTFALL LOCATION	AGENCY USE	

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No.		LATITUDE			LONGITUDE			
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)	
022	37	44	59	82	37	30	Scaffold Br. of Middle Fork	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTR	BUTING FLOW	TREATME	NT
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
022	Surface runoff	789 cfs (peak)	Sedimentation	1-U
			Discharge to surface water	4-A

		te the following to			No (Go	to Section III.)		
OUTFALL NUMBER	OPERATION CONTRIBUTION		JENCY Months	Flow	Rate	FLOW	volume	l B4'
NUMBER	FLOW	Per Week	Per Year		ngd)	•	volume with units)	Duration (in days)
(list)	(list)	(specify average)	(specify average)	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
			1 1 1 1 1					
	IUM PRODUCT							
A. Does an e	ffluent guideline	limitation promu	lgated by E	PA under Secti	on 304 of the C	lean Water Ac	t apply to your	facility?
		IA III D\ I !	4 - 601 4		urs 7 e			
	Yes (Comple	e item III-B) Lis	t erriuent gi	aideline categor	ty:			
	Yes (Comple No (Go to Se		t emuent gi	ideline categor	ry.			
\boxtimes	_	ction IV)		·		on (or other me	asures of opera	tion)?
\boxtimes	No (Go to Se	ction IV)		·	ms of production	on (or other me	asures of operat	tion)?
B. Are the lin	No (Go to Se	etion IV) pplicable effluent e Item III-C) Item III-B, list e terms and units	guideline e	expressed in ter No (Go to S ty which repre applicable effl	ms of production ection IV)	ıl measuremen	t of your maxi e affected outfa	mum level o lls.
B. Are the lin	No (Go to Se mitations in the a Yes (Comple swered "Yes" to n, expressed in the	ction IV) oplicable effluent e Item III-C) Item III-B, list e terms and units	guideline e	expressed in ter No (Go to S ty which repre applicable effl	ms of production IV) sents the actuation guideline,	il measuremen and indicate th	t of your maxi e affected outfa	mum level o
B. Are the lin	No (Go to Se mitations in the a Yes (Comple swered "Yes" to n, expressed in the	etion IV) pplicable effluent e Item III-C) Item III-B, list e terms and units	guideline e	expressed in ter No (Go to S ty which repre applicable effl ITY peration, Prod	ms of production IV) sents the actuation guideline,	il measuremen and indicate th	t of your maxi e affected outfa	mum level o
Are the ling. C. If you an production	No (Go to Se mitations in the a Yes (Comple swered "Yes" to n, expressed in the	ction IV) oplicable effluent e Item III-C) Item III-B, list e terms and units	guideline e	expressed in ter No (Go to S ty which repre applicable effl ITY peration, Prod	ms of production IV) sents the actual uent guideline, uct, Material,	il measuremen and indicate th	t of your maxi e affected outfa	mum level o
3. Are the lin	No (Go to Se mitations in the a Yes (Comple aswered "Yes" to n, expressed in the Day Unit	ction IV) oplicable effluent e Item III-C) Item III-B, list e terms and units	guideline e the quantit used in the	expressed in ter No (Go to S ty which repre applicable effl ITY peration, Prod	ms of production IV) sents the actual uent guideline, uct, Material,	il measuremen and indicate th	t of your maxi e affected outfa	mum level o
Are the ling. If you an production of the produ	No (Go to Se mitations in the a Yes (Comple iswered "Yes" to n, expressed in the Day Unit	pplicable effluent e Item III-C) Item III-B, list e terms and units MAXIMUM s of Measure any federal, sta f wastewater equals application? Tance schedule let	the quantitused in the A QUANTI O ate or loca uipment or his includes ters, stipular	No (Go to S ty which repre applicable effl TY peration, Prod (sp	ms of production and production in the actual sents the actual sent guideline, secify) meet any impany other environment to, permitted to, pe	lementation so ronmental progit conditions, a or loan condition	Affected (list outfall i	mum level of lls. Outfalls numbers) construction any affect the
Are the ling. C. If you amproduction. Quantity Per V. IMPRO Are you upgrading discharges orders, en	No (Go to Se mitations in the a Yes (Comple iswered "Yes" to n, expressed in the Day Unit Day Unit Towns of the complex of the	pplicable effluent e Item III-C) Item III-B, list e terms and units MAXIMUM s of Measure any federal, sta f wastewater equals application? To ance schedule letter the following to	the quantitused in the A QUANTI O ate or loca uipment or his includes ters, stipular	No (Go to S ty which repre applicable effl TY peration, Prod (sp	ms of production and production action IV) sents the actual uent guideline, suct, Material, ecify) meet any impany other environited to, perm	lementation so ronmental progit conditions, a or loan condition	Affected (list outfall i	mum level of lls. Outfalls numbers) construction any affect the
A. Are you upgrading discharges orders, en	No (Go to Se mitations in the a Yes (Comple iswered "Yes" to n, expressed in the Day Unit	pplicable effluent e Item III-C) Item III-B, list e terms and units MAXIMUM s of Measure any federal, sta f wastewater equals application? To ance schedule letter the following to the second statement of the second s	the quantitused in the A QUANTI O ate or loca uipment or his includes ters, stipular	No (Go to S ty which repre applicable effl TY peration, Prod (sp Il authority to practices or a s, but is not lin ations, court ord No LLS BR	ms of production and production IV) sents the actual uent guideline, section IV) meet guideline, meet any impany other environment to, permitted to, permitted to, permitted to, the IV (Go to Item IV)	lementation so ronmental progit conditions, a or loan condition	Affected (list outfall in the dule for the grams which in dministrative ons.	mum level of lls. Outfalls numbers) construction any affect the

environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other

Revised June 1999

V INTARE	AND DEED HEND	CILA BA CEEDICEICO		
V. INTAKE	AND EFFLUENT	CHARACTERISTICS		
A, B, & C:	space provided.		one set of tables for each outfall - And on separate sheets numbered 5-18.	notate the outfall number in the
which you	know or have reaso	on to believe is discharged or ma	A Title III, Section 313) listed in Ta ay be discharged from any outfall. For sport any analytical data in your posses	or every pollutant you list.
POLL	UTANT	SOURCE	POLLUTANT	SOURCE
None			1022011111	SOURCE
			1	
			1	
VI. POTENT	TAL DISCHARGI	ES NOT COVERED BY ANA	LYSIS	
A. Is any poll	utant listed in Item	V-C a substance or a componen	t of a substance which you use or pro	nduce or expect to use or
produce ov	ver the next 5 years	as an immediate or final produc	t or byproduct?	sauce, or expect to use of
	37 /T' . 11 1		\	
Ш	Yes (List all such	n pollutants below)	No (Go to Item VI-B)	
B. Are your o	perations such that pof pollutants may du	your raw materials, processes, ouring the next 5 years exceed two	or products can reasonably be expected times the maximum values reported	ed to vary so that your d in Item V?
	Yes (Complete It	tem VI-C) 🛛 No	(Go to Item VII)	
expected le	wered "Yes" to Item evels of such polluta sheets if you need n	ints which you anticipate will be	ibe in detail to the best of your abilited the discharged from each outfall over the	y at this time the sources and he next 5 years. Continue on

VII. BIOLOGICAL TOXICI	TY TESTING DATA		
	or reason to believe that any biologier in relation to your discharge with		oxicity has been made on any of your
Yes (Identify t	he test(s) and describe their purpos	es below)	No (Go to Section VIII)
VIII. CONTRACT ANALYS	IS INFORMATION		
	d in Item V performed by a contraction, address, and telephone numbe		m? No (Go to Section IX)
	by each such laboratory or firm be		
NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Microbac Laboratories	, 3323 Gilmore Industrail Blvd. Louisville, KY 40213	502-962-6400	V-Part C Metals
Blackburn Contracting INC.	P.O. BOX 992 Prestonsburg, KY 41653	606-886-6864	V-Part A
IX. CERTIFICATION			
with a system designed to assure	that qualified personnel properly g	gather and evaluate the inform	direction or supervision in accordance nation submitted. Based on my inquiry
submitted is, to the best of my k	mage the system, or those persons nowledge and belief, true, accurat luding the possibility of fine and in	e, and complete. I am aware	that there are significant penalties for

606-789-7655

Paul Horn, P.O.A

SIGNATURE

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	EFFLUENT CH	IARACTERIST	ICS (Continued fo	om page 3 of Fo	rm C)					OUTFALL NO.				
Part A – You must	Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. 2. 3. UNITS (specify if blank)											4. INTAKE (optional)		
1. POLLUTANT	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value		b.		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses		
a. Biochemical Oxygen Demand (BOD)														
b. Chemical Oxygen Demand (COD)														
c. Total Organic Carbon (TOC)						:								
d. Total Suspended Solids (TSS)														
e. Ammonia (as N)														
f. Flow (in units of MGD)	VALUE	0.12	VALUE		VALUE		6		MGD	VALUE				
g. Temperature (winter)	VALUE	9	VALUE		VALUE		1		°c	VALUE				
h. Temperature (summer)	VALUE	28	VALUE		VALUE		5		°c	VALUE				
i. pH	MINIMUM 8.06	MAXIMUM 8.28	MINIMUM	MAXIMUM			6	STAN	DARD UNITS					

Part B - In the MARK "X" column, place an "X" in the <u>Believed Present</u> column for each pollutant you know or have reason to believe is present. Place an "X" in the <u>Believed Absent</u> column for each pollutant you believe to be absent. If you mark the <u>Believed Present</u> column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and

requirements.	·		·											
1. POLLUTANT	MAD	2. K "X"			P.P.	3. FLUENT				4. UNITS		TAPT A E	6. (E (option	-10
AND CAS NO.	a.	b.	a. Maximum Da	ily Value	b. Maximum 3		c. Long-Terr	n Ava	d.	UNIIS	r	a. Long-Term		b.
AND CASINO.	-	٠.	a. Maximum Da	ny vanut	Value (if avai		Value (if ava	ilable)	No. of	a.	ъ.	Value	Avg	No. of
(if available)	Believed	Believed	(1)	(2)	(1)	(2)	(1)	(2)	Analyses	Concentration	Mass	(1)	(2)	Analyses
	Present	Absent	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Bromide														
(24959-67-9)												<u>.</u>	ļ	
b. Bromine							ĺ							
Total Residual										1				
Residuai	 		-						_	ļ		-		.
c. Chloride														l
d. Chlorine,	1					•								
Total														1
Residual														1
e. Color														
f. Fecal														
Coliform	ļ													
g. Fluoride (16984-48-8)									ļ					
h. Hardness	-										 			——
(as CaCO ₃)						l			İ					1
i. Nitrate –	 			-					l					
Nitrite (as N)											Į			1
j. Nitrogen,								-						
Total														ĺ
Organic														ĺ
(as N)														
k. Oil and Grease	1													
I. Phosphorous													<u> </u>	
(as P), Total														ĺ
7723-14-0														ĺ
m.						L								
Radioactivity	L													
(1) Alpha,														
Total						L								
(2) Beta,														l
Total														<u> </u>
(3) Radium														l
Total														
(4) Radium, 226, Total														
220, 10181	L										L	L	1	

Part B - Continu														
1. POLLUTANT		2. K "X"				3. FLUENT				4. UNITS		INTAI	5. (E (option	ıal)
And CAS NO.	a.	b.	a. Maximum Dail		b. Maximum 3 Value (if avai		c. Long-Terr Value (if ava		d. No. of	a.	b.	a. Long-Term Avg		b. No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO ₄) (14808-79-8)	х		1070			:			6	mg/L				
o. Sulfide (as S)						***************************************		,		N.				
p. Sulfite (as SO ₄) (14286-46-3)										75				
q. Surfactants												74.9		
r. Aluminum, Total (7429-90)											10.0			
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8) u. Cobalt, Total														
(7440-48-4) v. Iron, Total														<u> </u>
(7439-89-6) w. Magnesium Total (7439-96-4)	Х		0.27			:			6	mg/L				
x. Molybdenum Total (7439-98-7)						-								
y. Manganese, Total (7439-96-6)	х		0.23						6	mg/L				
z. Tin, Total (7440-31-5)										-				
aa. Titanium, Total (7440-32-6)														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1.		2. MARK "X"					3. LUENT				4. UNITS		INTAK	5. E (options	
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYA	NIDE AND T	OTAL PHE	NOLS												
1M. Antimony											-				
Total															
(7440-36-0)	X			<0.01						1	mg/L				
2M. Arsenic,															
Total	v			-0.05							_				
(7440-38-2) 3M. Beryllium	^			<0.05			ļ			1	mg/L				1
Total						İ									1
(7440-41-7)	x			<0.01						1	mg/L				
4M. Cadmium		-		10.01						1	mg/L				
Total			1												
(7440-43-9)	x			<0.01						1	mg/L				
5M. Chromium															
Total															1
(7440-43-9)	Х			<0.01						1	mg/L				i l
6M. Copper															
Total	١,,		ŀ							_	_				1 1
(7550-50-8) 7M. Lead	Х			<0.01						1	mg/L				
Total									ĺ						f 1
(7439-92-1)	x			<0.01			-			1	mg/L				1 1
8M. Mercury	~			10.01						1	mg/L				$\vdash \vdash \vdash$
Total															1 1
(7439-97-6)	X			<0.01			l			1	mg/L				1
9M. Nickel,															
Tota!															[]
(7440-02-0)	X			<0.01						1	mg/L	,			
10M. Selenium,							l								
Total	,			10.05							_				
(7782-49-2)	Х			<0.05						1	mg/L				
11M. Silver, Total										!					
(7440-28-0)	х			<0.01						,	ma/I				i l
(/440-20-0)	Λ			~0.01						1	mg/L				

1.	1	2. MARK "X"	·			EFF	3. LUENT	***************************************			4. UNITS		INTAK	5. E (options	ıl)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	y Value	b. Maximum 3 Value (if avail		c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	Analyses
METALS, CYA	NIDE AND T	OTAL PHE	NOLS (Con	tinued)		·									
2M. Thallium,			,												
Total			1												
(7440-28-0)	X			< 0.01						1	mg/L				
3M. Zinc,															
Total						ļ									
(7440-66-6)	X			< 0.01					L	1	mg/L				
4M. Cyanide,															
Total															1
(57-12-5)															
5M. Phenols,															
Total															
IOXIN															
,3,7,8 Tetra-				DESCRIBE RESU	ULTS:										
hlorodibenzo,															
, Dioxin															
(1784-01-6)	1021 1101 11														
C/MS FRACTI	ON - VOLA	TILE COM	POUNDS												
V. Acrolein															
(107-02-8)															
(107-02-8) :V.															
2 v . Acrylonitrile															
107-13-1)															1
V. Benzene															
(71-43-2)															1
V. Bromoform															
(75-25-2)															1
V. Carbon															
etrachloride															
56-23-5)															1
V. Chloro-															├──
benzene															1
108-90-7)															1
V.															
v . Chlorodibro-				į											1
norodioro-															1
124-48-1)															

Part C - Continu	ied														
1.		2. MARK "X"				EFF	3. LUENT		10000		4. UNITS		INTAK	5. E (options	ıl)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily		b. Maximum 3 Value (if avai	lable)	c. Long-Term Value (if avail	able)	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass]
9V. Chloroethane (74-00-3)															
10V. 2-Chloro- ethylvinyl Ether (110-75-8)											18/74				
11V. Chloroform (67-66-3)															
12V. Dichloro- bromomethane (75-71-8)															
14V. 1,1- Dichloroethane (75-34-3)													-		
15V. 1,2- Dichloroethane (107-06-2)															
16V. 1,1- Dichlorethylene (75-35-4)											<u> </u>				
17V. 1,2-Di- chloropropane (78-87-5)															
18V. 1,3- Dichloropro- pylene														,	
(452-75-6) 19V. Ethyl- benzene															
(100-41-4) 20V. Methyl Bromide (74-83-9)															

Part C - Continu	ıed														
1.		2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (optiona	Д)
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai		c. Long-Term Value (if avai	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g. Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	89-99-1		(1) Concentration	(2) Mass	, and you
21V. Methyl Chloride (74-87-3)															
22V. Methylene Chloride (75-00-2)															
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)															
24V. Tetrachloro- ethylene (127-18-4)															
25V. Toluene (108-88-3)														-	
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)															
27V. 1,1,1-Tri- chloroethane (71-55-6)															
28V. 1,1,2-Tri- chloroethane (79-00-5) 29V. Trichloro-															
ethylene (79-01-6) 30V. Vinyl											 				
Chloride (75-01-4)															

Part C - Continu	ed														
		2.					3.				4.		<u> </u>	5.	
1.		MARK "X"				EFF	LUENT				UNITS		INTAK	E (options	al)
POLLUTANT				i									a.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	v Volue	b. Maximum 3 Value (if avai	0-Day	c. Long-Term Value (if avail	Avg.	d.	a.	ь.	Long-Term Av	g Value	No. of
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	(2)	No. of Analyses	Concentration	Mass	(1)	(2)	Analyses
				Concentration	Mass	Concentration	Mass	Concentration	Mass			ł	Concentration	Mass	1
GC/MS FRACTI	ON – ACID	COMPOUN	DS										·		
1A. 2-Chloro-															T
phenol					i i										
(95-57-8)										1					ł
2A. 2,4-			ŀ												†
Dichlor-						ļ									
Orophenol						1				1					
(120-83-2)															1
3A.													-		
2,4-Dimeth-															
ylphenol															
(105-67-9)							l								
4A. 4,6-Dinitro-													*		
o-cresol]						
(534-52-1)									ĺ						
5A. 2,4-Dinitro-															
phenol															
(51-28-5)]					
6A. 2-Nitro-															· · · · · · ·
phenol															1
(88-75-5)															
7A. 4-Nitro-															
phenol															l
(100-02-7)															1
8A. P-chloro-m-															
cresol															
(59-50-7)															1
9A.															
Pentachloro-		1													1
phenol				ĺ											ĺ
(87-88-5)															1
10A. Phenol	1			ľ											ĺ
(108-05-2)															l
11A. 2,4,6-Tri-	1		1												
chlorophenol															İ
(88-06-2)															
GC/MS FRACTIO	<u> DN – BASE/Ņ</u>	EUTRAL (COMPOUN	DS											
1B. Acena-	İ														
phthene	I							}					l		l
(83-32-9)															1

Part C - Continu	ied														
1. POLLUTANT		2. MARK "X"				EFF	3. LUENT				4. UNITS			5. E (option:	
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Dail	y Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avail		d. No. of	a. Concentration	b. Mass	a. Long-Term Av	g Value	b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	1
GC/MS FRACT	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)				1	1				Concentiation	112,000	
2B. Acena- phtylene															
(208-96-8)															
3B. Anthra- cene (120-12-7)															
4B.					 				-						├
Benzidine (92-87-5)										İ					
5B. Benzo(a)- anthracene															-
(56-55-3) 6B. Benzo(a)-			ļ												L
pyrene (50-32-8)															
7B. 3,4-Benzo-					 										
fluoranthene (205-99-2)															1
8B. Benzo(ghl) perylene															
(191-24-2) 9B. Benzo(k)-															
fluoranthene (207-08-9)															
10B. Bis(2- chlor-															
oethoxy)- methane (111-91-1)															
11B. Bis															
(2-chlor- oisopropyl)- Ether			i												
12B. Bis (2-ethyl- hexyl)- phthalate											-				
(117-81-7)													.,		

Part C - Continu	ied														
		2.					3.				4.		T	5.	
1,		MARK "X"				EFF	LUENT				UNITS		INTAK	E (options	aD.
POLLUTANT												I	a.	(-p	b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	y Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avail	Avg.	d. No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Contentiation	141233	(1)	(2)	Auaiyses
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)	1714133	Contentiation	IVIASS	Concentration	IVIASS			L	Concentration	Mass	
13B. 4-Bromo-				(continued)				Τ				1		-	
phenyl						1									
Phenyl ether															ľ
(101-55-3)			ľ							1 .					
14B. Butyl-		,													
benzyl															İ
phthalate															
(85-68-7)															
15B. 2-Chloro-											-				
naphthalene							İ	l							
(7005-72-3)								İ							
16B. 4-Chloro-															
phenyl							1								
phenyl ether															
(7005-72-3)				·											
17B. Chrysene											ï				
(218-01-9)															
18B. Dibenzo-															
(a,h) Anthracene								i							
(53-70-3)															
19B. 1,2-															
Dichloro-															
benzene															
(95-50-1)															
20B. 1,3-															
Dichloro-															
Benzene	j														
(541-73-1)															
21B. 1,4-										+	·				
Dichloro-	1		- 1		ļ		i								
benzene]		ĺ							ŀ					
(106-46-7)									j						
22B. 3,3-															-
Dichloro-	ļ								ļ						
benzidene	ĺ	1										İ			
(91-94-1)															
23B. Diethyl	1														
Phthalate												i			
(84-66-2)														1	

Part C - Continu	ed														
		2.					3.				4.			5.	
1.]	MARK "X"				EFF	LUENT				UNITS		INTAK	E (options	el)
POLLUTANT		ł											2.		b.
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily	y Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avail	Avg. lable)	d. No. of	a. Concentration	b. Mass	Long-Term Ava	g. Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	1
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)			112400	Contention	1.1400			L	Concentiation	148833	<u> </u>
24B. Dimethyl								T			**				
Phthalate		1													
(131-11-3)															
25B. Di-N-				-								 			
butyl Phthalate						İ									
(84-74-2)															
26B.						<u> </u>				-					
2,4-Dinitro-							İ		İ						
toluene						1		ĺ							1
(121-14-2)					ĺ				ļ						
27B.															
2,6-Dinitro-							1								
toluene	,														l
(606-20-2)															ł
28B. Di-n-octyl															
Phthalate															
(117-84-0)															
29B. 1,2-															
diphenyl-												1			1
hydrazine (as															
azonbenzene)															
(122-66-7)															
30B.												· · · ·	-		
Fluoranthene															
(208-44-0)															
31B. Fluorene									i						
(86-73-7)															
32B.															
Hexachloro-															
benzene															
(118-71-1)															
33B.		İ											-		
Hexachloro-	ļ														
butadiene	ļ		1												
(87-68-3)															
34B.						[7			
Hexachloro-															
cyclopenta-			ľ			l				l i					
diene	1			ļ											
(77-47-4)											2000				

Part C - Continu	ed														
1.	,	2. MARK "X"				EDD	3. LUENT				4. UNITS		TAUT A T	5.	
POLLUTANT		TARK A	T			EFF	LUENI	r			UNIIS			E (options	
And CAS NO.	a.	a.	Ь.	a.		b. Maximum 3	0 Day	c. Long-Term	A	d.	_	١.	a.		b.
	Testing	Believed	Believed	Maximum Dail	y Value	Value (if avail		Value (if avail	Avg. lable)	No. of	a. Concentration	b. Mass	Long-Term Av	g Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACTI	ON - BASE/	NEUTRAL	COMPOUN				112000	Contentiation	111455	·		L	Concentration	171833	
35B. Hexachlo-										T		Γ			
roethane]							1		ĺ			
(67-72-1)			1												
36B. Indneo-									-		*1				
(1,2,3-oc)-							1								
Pyrene]			1									
(193-39-5)			1												1
37B.	-														
Isophorone												i			
(78-59-1)					l										
38B.											*****				
Napthalene									l						!
(91-20-3)															['
39B.															
Nitro-															1 '
benzene			ŀ						1	1 1					1 '
(98-95-3)															
40B. N-Nitroso-															
dimethyl-			1												1
amine															1
(62-75-9)										1 1					()
41B.															
N-nitrosodi-n-															1
propylamine															
(621-64-7)															
42B. N-nitro-															
sodiphenyl-															
amine	1														i .
(86-30-6)															. 1
43B. Phenan-						-		******							
threne	1							i							
(85-01-8)															
44B. Pyrene	i											1			
(129-00-0)			l								ŀ	ŀ			. [
45B. 1,2,4 Tri-															
chloro-	I		1												
benzene			1									l			
(120-82-1)															

Part C - Continu	jed			T											
1.] 1	2. MARK "X"				EFF	3. LUENT				4. UNITS		INTAK	5. E (options	ın
POLLUTANT And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily		b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Term Value (if avai	Avg.	d. No. of	a. Concentration	b. Mass	a. Long-Term Av		b. No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
GC/MS FRACT	ION – PESTI	CIDES											L		
1P. Aldrin (309-00-2)				,											
2P. α-BHC (319-84-6)															
3P. β-BHC (58-89-9)															
4P. gamma-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α- Endosulfan (115-29-7)															
12P. β- Endosulfan (115-29-7)											,,,,				
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															

Part C - Continued															
1.	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
POLLUTANT And CAS NO. (if available)	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	1
GC/MS FRACTI	<u>ION – PESTI</u>	CIDES													•
15P. Endrin Aldehyde (7421-93-4)															
16P Heptachlor (76-44-8)															
17P. Heptaclor Epoxide (1024-57-3)														¥1.	
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)													1		
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															



ERNIE FLETCHER GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

TERESA J. HILL SECRETARY

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

October 18, 2007

Mr. Paul Horn, P.O.A. Czar Coal Corporation HC 66, Box 91 Debord, State 41214

Re:

KPDES Application Complete

KPDES No.: KY0040495 Czar Coal Corporation AI ID: 2973

Activity ID: APE20070001 Martin County, Kentucky

Dear Mr. Horn,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on August 24, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement you application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard

Environmental Engineer Assistant III

KPDES Branch Division of Water

SJB

Enclosures

: Misty Hamilton – Summit Engineering, Inc.

131 Summit Drive Pikeville, KY 41501

Hazard Regional Office Division of Water Files



August 2007

KPDES APPLICATION FOR INDIVIDUAL PERMIT COVERAGE Modification of Permit No. KY0040495 KDMRE Permit No. 880-8002 AM #4

Czar Coal Corporation

Prepared for:

Czar Coal Corporation HC 64, Box 915 Debord, KY 41214

Prepared by:

Summit Engineering, Inc.

131 Summit Drive Pikeville, KY 41501 Telephone: (606) 432-1447



SUMMIT ENGINEERING, INC.

August 21, 2007

Erin Wright
Inventory & Data Management Section
KPDES Branch
Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Czar Coal Corporation

Proposed Modification of KY0040495 DMRE Permit No. 880-8002 Am. #4

Dear Erin:

Please find enclosed copy of a completed Form 1 and Form C submitted for the above-referenced surface mine to be located in Martin and Johnson Counties. Czar Coal Corporation seeks approval of a modification to their existing Individual Permit No. KY0040495 for their proposed mining activities.

According to Larry Sowder, there will be no application filing fee for this permit action.

If you have any questions or require additional information, please call me at (606) 432-1447 ext. 309 or e-mail me at mhamilton@summit-engr.com.

Regards,

Misty D. Hamilton by J.R.
Misty D. Hamilton

Environmental Project Manager

c: file

enclosure